Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **KAMRAN SAFDAR SAFDAR Ali**	**Service Date**	:**18-May-2024**
Card No	: **I011-029-120166741-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **KAMRAN SAFDAR SAFDAR Ali**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **19-06-2023** To **18-06-2024**		
Gender	: **Male**		
Date Of Birth	: **04-Jan-1991**		
Patient's Tel No	: **0551376756**		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Diarrhea, fever, cough, nasal congestion, nasal discharge and throat pain. There is also a throbbing headache located at the occipital area. **Duration:**

Vitals: Temp : 36.5 Bp :138 Pulse :100 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,K29.00 - Acute gastritis without bleeding,R19.7 - Diarrhea, unspecified,A09 - Infectious gastroenteritis and colitis, unspecified,R53.1 - Weakness,R42 - Dizziness and giddiness, **Date of Onset** :18/45/2024

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0005-242802-0781, PANTONIX 40MG I.V.,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0102-169701-1161 - (AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0067-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0054-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

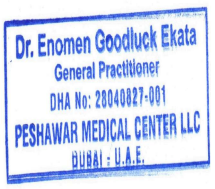
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

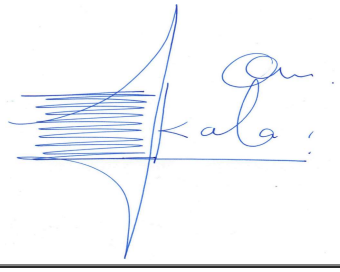
Stamp :



Patient 's signature{Parent : if minor}

Date : 18-May-2024

Signature :



Date : 18-May-2024